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Date: Aug. 16, 2001

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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)ATTORNEY'S DOCKET NO.
SHIM1120

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACCINE PREPARATIONS CONTAINING ATTENUATED TOXIN

the specification of which (check only one item below):

is attached hereto.

was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).

was filed as PCT international application
Number PCT/JP99/05789
on October 20, 1999
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefit under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me or the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Japan	10/300219	21 October 1998	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(CONTINUED) (Includes Reference to PCT International Applications)ATTORNEY'S DOCKET NO
SHIM1120

I hereby claim that benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (MARK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration no.)

CUSTOMER NUMBER		28,213	PLACE CUSTOMER LABEL HERE	
SEND CORRESPONDENCE TO: Lisa A. Hidle, Reg. No. 38,347 GRAY CARY WARE & FRIEDENRICH 4365 Executive Drive, Suite 1600 San Diego, CA 92121-2189			DIRECT TELEPHONE CALLS TO: Lisa A. Hidle Telephone 858/672-1456 Fax 858/677-1465	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME AIZAWA	FIRST GIVEN NAME Chikara	SECOND GIVEN NAME
2 0 2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
2 0 3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME SUZUKI	FIRST GIVEN NAME Yujiro	SECOND GIVEN NAME
2 0 3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
2 0 3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<input checked="" type="checkbox"/> ADDITIONAL INVENTOR INFORMATION ATTACHED I hereby declare that all statements made herein are of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any issuing thereon.				
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203
DATE:		DATE:		DATE::

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